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## \*BIBDATASHEET\*

CONFIRMATION NO. 4623

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/905,083	<b>FILING OR 371(c) DATE</b> 07/13/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> D6223CIP/C/D
<b>APPLICANTS</b> Timothy I. O'Brien, Little Rock, AR;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/502,600 02/11/2000 PAT 6,294,344 and is a CIP of 09/039,211 03/14/1998 PAT 6,303,318				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/03/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> AR	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 30
<b>INDEPENDENT CLAIMS</b> 9				
<b>ADDRESS</b> Dr. Benjamin Adler Adler & Associates 8011 Candle Lane Houston, TX77071				
<b>TITLE</b> METHODS OF INDUCING IMMUNITY AGAINST STRATUM CORNEUM CHYMOTRYTIC ENZYME				
<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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